



AGENCY CUSTOMER ID: \_\_\_\_\_

# PENNSYLVANIA COMMERCIAL AUTO COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

<b>AGENCY</b>	<b>NAMED INSURED(S)</b>		
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>CARRIER</b>	<b>NAIC CODE</b>

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1	CSL			
	2	BI EA PER			\$
	3	BI EACH ACCIDENT			\$
FIRST PARTY BENEFITS	5	MED EXP			FUNERAL \$
	7	WK LOSS			ACC DTH \$
TORT OPTION	5	LTD			FULL
COMBINATION FIRST PARTY BEN	5	TOTAL BENEFIT LIMIT			\$
	7	FUNERAL			ACC DEATH \$
EXTRAORD MED BEN	5				\$
MEDICAL PAYMENTS	2	EACH PERSON			\$
	3				
UNINSURED MOT STACKED NON-STKD	2	CSL			BI EA PER \$
	3	BI EACH ACCIDENT			\$
	4				
UNDERINS MOT STACKED NON-STKD	2	CSL			BI EA PER \$
	3	BI EACH ACCIDENT			\$
	4				
HIRED / BORROWED LIABILITY	YES	STATES			COST OF HIRE IF ANY BASIS
	NO				\$
NON-OWNED LIABILITY	YES	STATES			GROUP TYPE
	NO				NUMBER OF
					EMPLOYEES
					VOLUNTEERS
					PARTNERS
					HIRED PHYSICAL DAMAGE
					STATES # DAYS # VEH
					COVERAGE / DEDUCTIBLE
					COMP \$
					SPEC C OF L \$
					COLL \$
					COVERAGE IS: PRIMARY SECONDARY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	42 <input type="checkbox"/> 47 <input type="checkbox"/>	BI EACH ACCIDENT \$		43 <input type="checkbox"/>					
	43 <input type="checkbox"/> 50 <input type="checkbox"/>	PROPERTY DAMAGE \$		46 <input type="checkbox"/>					
FIRST PARTY BENEFITS	44 <input type="checkbox"/>	MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 47 <input type="checkbox"/>	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$			
	46 <input type="checkbox"/>	WK LOSS \$ ACC DTH \$		43 <input type="checkbox"/>	F <input type="checkbox"/> FTW <input type="checkbox"/>				
TORT OPTION	44 <input type="checkbox"/> 46 <input type="checkbox"/>	LTD <input type="checkbox"/> FULL <input type="checkbox"/>		46 <input type="checkbox"/>					
COMBINATION FIRST PARTY BEN	44 <input type="checkbox"/>	TOTAL BENEFIT LIMIT \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/>		\$			
	46 <input type="checkbox"/>	FUNERAL \$ ACC DEATH \$		43 <input type="checkbox"/>					
EXTRAORD MED BEN	44 <input type="checkbox"/> 46 <input type="checkbox"/>	\$		46 <input type="checkbox"/>					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	46 <input type="checkbox"/>	\$				
	43 <input type="checkbox"/>		<b>TRAILER INTERCHANGE</b>						
UNINSURED MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	COMP / OTC	48 <input type="checkbox"/>					
NON-STKD	45 <input type="checkbox"/>			49 <input type="checkbox"/>					
UNDERINS MOT	42 <input type="checkbox"/> 46 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>					
STACKED	43 <input type="checkbox"/>	BI EACH ACCIDENT \$		49 <input type="checkbox"/>					
NON-STKD	45 <input type="checkbox"/>		COLLISION	48 <input type="checkbox"/>					\$
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		49 <input type="checkbox"/>					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$					
	NO		<b>TRAILER INTERCHANGE</b>						
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	STATES	# DAYS	# VEH				
	NO	EMPLOYEES							
		VOLUNTEERS							
		PARTNERS							
OTHER			COVERAGE IS:      PRIMARY      SECONDARY						
			OTHER						

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (47) HIRED AUTOS ONLY (50) NON-OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE					
LIABILITY	61	67	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC		\$					
	62	68	BI EACH ACCIDENT \$								
	63	71	PROPERTY DAMAGE \$								
	64										
FIRST PARTY BENEFITS	65		MED EXP \$ FUNERAL \$	SPECIFIED CAUSES OF LOSS		\$					
	67		WK LOSS \$ ACC DTH \$								
TORT OPTION	65	<input type="checkbox"/>	<input type="checkbox"/> LTD <input type="checkbox"/> FULL								
COMBINATION FIRST PARTY BEN	65		TOTAL BENEFIT LIMIT \$	COLLISION		\$					
	67		FUNERAL \$ ACC DEATH \$								
EXTRAORD MED BEN	65	<input type="checkbox"/>	\$								
MEDICAL PAYMENTS	62	64	EACH PERSON \$	TOWING & LABOR		\$					
	63	67									
UNINSURED MOT STACKED NON-STKD	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>							
	63	67	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64				COMP / OTC	69					
UNDERINS MOT STACKED NON-STKD	62	66	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70						
	63	67	BI EACH ACCIDENT \$		69						
	64				70						
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION						\$	
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	TRAILER VALUE	\$						
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE							
			EMPLOYEES								NUMBER OF
			VOLUNTEERS								
			PARTNERS								
OTHER				COVERAGE IS:		PRIMARY		SECONDARY			
				OTHER							

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF  
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER  
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL- (69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT  
 SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

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